

Schedule of Benefits

Complete HMO

For Members of the Group Insurance Commission

IMPORTANT NOTICE: This plan includes a Tiered Provider Network. In this plan, members pay different levels of member cost sharing depending on the tier of the provider delivering a covered service or supply. Please consult the provider directory or visit the provider search tool at MassGeneralBrighamHealthPlan.org to determine the tier of providers in the network.



This health plan meets Minimum Creditable Coverage standards and will satisfy the individual mandate that you have health insurance. Please see the last page for additional information.

Schedule of Benefits

This Schedule of Benefits is a general description of your coverage as a member of Mass General Brigham Health Plan. For more information about your benefits, log into Member.MassGeneralBrighamHealthPlan.org to see your plan documents and get personalized information about your plan or call Customer Service at 866-567-9175 (TTY 711).

All covered services must be medically necessary and some may require prior authorization. Please check with your in-network PCP or treating provider to determine if a prior authorization is necessary. The Mass General Brigham Health Plan Member Handbook may include additional coverage, exclusions not listed on the Schedule of Benefits, and information on Your Rights and Protections Against Surprise Medical Bills.

As a member of this plan, you will pay different levels of copayments depending on the tier of the provider delivering a covered service or supply. All providers must meet high-quality standards and are measured by a set of quality benchmarks from publicly available resources like Leapfrog and Hospital Compare in consultation with the GIC.

Cost-efficient PCPs and specialists were identified based on their hospital affiliation and placed in the appropriate tier as described below. For PCPs and Specialists unaffiliated with a hospital, they default to Tier 2 and therefore apply the middle level of member cost sharing:

Primary Care Physician Tiering:

Tier 1 (lowest member cost sharing): Copayment is **\$10** per office visit

Tier 2 (middle member cost sharing): Copayment is **\$20** per office visit

Tier 3 (highest member cost sharing): Copayment is **\$40** per office visit

Specialist Tiering:

Tier 1 (lowest member cost sharing): Copayment is **\$30** per office visit

Tier 2 (middle member cost sharing): Copayment is **\$60** per office visit

Tier 3 (highest member cost sharing): Copayment is **\$75** per office visit

Hospital Tiering (inpatient acute medical):

Tier 1 (lowest member cost sharing): **\$275** copayment, then subject to deductible*

Tier 2 (middle member cost sharing): **\$500** copayment, then subject to deductible*

Tier 3 (highest member cost sharing): **\$1,500** copayment, then subject to deductible*

*Per admission with a cap of four copayments per benefit period, with a maximum of one inpatient copayment per quarter. Inpatient copayment will be waived for readmission to a hospital for any reason if the readmission occurs within 30 days of release from a hospital: you must contact Mass General Brigham Health Plan to have the copayment waived.

It is important to check the tier of the provider and/or hospital that you are being referred to in order to understand what your member cost sharing will be. To find the most up-to-date information on providers in the network and tier information, please refer to the GIC Provider Directory at MassGeneralBrighamHealthPlan.org. Services with an out-of-network provider are not covered except for urgent and emergent care.

Lower Member Cost Sharing for certain outpatient services at free-standing facilities or Ambulatory Surgical Centers (ASCs): When non-preventive colonoscopies, endoscopies, and eye surgeries are performed at free-standing facilities or ASCs, you will pay less than you would for the same procedure in a hospital setting. Please see below for cost sharing.

DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM

Deductible per benefit period	Medical/Behavioral Health (Combined): \$500 Individual/\$1,000 Family
Out-of-Pocket Maximum per benefit period	Medical/Behavioral Health/Prescription (Combined): \$5,000 Individual/\$10,000 Family

The Deductible, Coinsurance and Copayments for Medical, Behavioral Health Services, and Prescription Drug expenses apply to the annual Out-of-Pocket Maximum. This Schedule of Benefits and the Mass General Brigham Health Plan Member Handbook comprise the Evidence of Coverage for members covered on this health plan.

OUTPATIENT MEDICAL CARE

Preventive Services

Annual Physical Exams*	No Member Cost-Sharing
Annual Gynecological Exams*	No Member Cost-Sharing
Family Planning Services	No Member Cost-Sharing
Immunizations & Vaccinations	No Member Cost-Sharing
Preventive Laboratory Tests	No Member Cost-Sharing
Screening Colonoscopy	No Member Cost-Sharing
Screening Mammography	No Member Cost-Sharing
Well Child Visits	No Member Cost-Sharing

*Services for specific conditions during an annual exam may be subject to cost sharing.

Other Primary & Specialty Care Office Visits	Tier 1 / Tier 2 / Tier 3
Office Visits for Other Primary Care	\$10 copayment / \$20 copayment / \$40 copayment
Office Visits for Other Specialty Care	\$30 copayment / \$60 copayment / \$75 copayment
Acupuncture (up to 20 visits per benefit period)	\$20 copayment
Allergy Shots	Subject to deductible
Cardiac Rehabilitation Service	\$20 copayment
Chiropractic Care (up to 20 visits per benefit period)	\$20 copayment
Routine Eye Exam (one visit per member every 24 months)	\$30 copayment / \$60 copayment / \$75 copayment
Hearing Exams	\$30 copayment / \$60 copayment / \$75 copayment
Infertility Services	\$30 copayment / \$60 copayment / \$75 copayment
Physical Therapy/Occupational Therapy (up to 30 visits per condition per benefit period)	\$20 copayment
Pulmonary Rehabilitation Services	\$20 copayment
Routine Foot Care (covered for diabetes and some circulatory diseases)	\$30 copayment / \$60 copayment / \$75 copayment
Routine Prenatal and Postnatal Care (OB/GYN)	No Member Cost-Sharing
Second Opinion (PCP)	\$10 copayment / \$20 copayment / \$40 copayment
Second Opinion (Specialist)	\$30 copayment / \$60 copayment / \$75 copayment
Speech Therapy	\$20 copayment
Telemedicine (Virtual Visits) through On Demand, PCP, or Specialist	\$10 copayment

Other Outpatient Services

Diagnostic, Laboratory and X-ray	Subject to deductible
High-tech Radiology (MRI, CT, PET Scan, Nuclear Cardiac Imaging)	\$100 copayment, then subject to deductible (maximum of one copayment per day)
Outpatient Surgery—Facility Fee	\$250 copayment*, then subject to deductible
Outpatient Surgery—Professional Fee	Subject to deductible
Outpatient Surgery for non-preventive colonoscopies, endoscopies, and eye surgeries—Facility Fee	Free-standing/ASC: \$150 copayment*, then subject to deductible Hospital-based: \$250 copayment*, then subject to deductible

*Per occurrence with a cap of four copayments per benefit period.

INPATIENT MEDICAL CARE**Tier 1 / Tier 2 / Tier 3**

Inpatient Medical Services (includes Maternity)—Facility Fee	\$275 copayment, then subject to deductible* / \$500 copayment, then subject to deductible* / \$1,500 copayment, then subject to deductible*
Inpatient Medical Services—Professional Fee	Subject to deductible
Inpatient Care in a Skilled Nursing Facility—Facility Fee (for up to 100 days per benefit period)	Subject to deductible, then 20% coinsurance
Inpatient Care in a Skilled Nursing Facility—Professional Fee	Subject to deductible, then 20% coinsurance
Inpatient Care in a Rehabilitation Facility—Facility Fee (for up to 60 days per benefit period)	Subject to deductible
Inpatient Care in a Rehabilitation Facility—Professional Fee	Subject to deductible
Routine Nursery and Newborn Care	No Member Cost-Sharing

*Per admission with a cap of four copayments per benefit period, with a maximum of one inpatient copayment per quarter. Inpatient copayment will be waived for readmission to a hospital for any reason if the readmission occurs within 30 days of release from a hospital: you must contact Mass General Brigham Health Plan to have the copayment waived.

BEHAVIORAL HEALTH SERVICES—OUTPATIENT

Mental Health Care or Substance Use Care	\$10 copayment
Telemedicine (Virtual Visits) for Mental Health Care or Substance Use Care	\$10 copayment (waived for first 3 visits)

BEHAVIORAL HEALTH SERVICES—INPATIENT

Mental Health Care—Facility Fee	\$275 copayment*
Mental Health Care—Professional Fee	No Member Cost-Sharing
Substance Use Detoxification or Rehabilitation—Facility Fee	\$275 copayment*
Substance Use Detoxification or Rehabilitation—Professional Fee	No Member Cost-Sharing

*Per admission with a cap of four copayments per benefit period, with a maximum of one inpatient copayment per quarter. Inpatient copayment will be waived for readmission to a hospital for any reason if the readmission occurs within 30 days of release from a hospital: you must contact Mass General Brigham Health Plan to have the copayment waived.

URGENT CARE

Care for an illness, injury, or condition serious enough that a person would seek immediate care, but not so severe as to require Emergency room care.

Urgent Care	\$20 copayment
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EMERGENCY CARE

In an emergency, go to the nearest emergency room or call 911. When admitted to a hospital for emergency care, you or a family member should notify your PCP within 48 hours.

Care you receive in an emergency room, in or out of Mass General Brigham Health Plan Service Area	\$100 copayment, then subject to deductible (copayment waived if admitted to hospital for inpatient care)
Ambulance Services (emergency transport only)	Subject to deductible
Emergency Dental Care (within 72 hours of accident or injury)	\$100 copayment, then subject to deductible (copayment waived if admitted to hospital for inpatient care)

ADDITIONAL SERVICES

Diabetic Supplies (includes DME items such as: insulin pumps, Continuous Glucose Monitoring Systems (CGMS), and artificial pancreas systems) *	Subject to deductible
Dialysis (inpatient or outpatient)	Subject to deductible
Disposable Medical Supplies	Subject to deductible
Durable Medical Equipment (DME)	Subject to deductible, then 20% coinsurance
Early Intervention (from birth up to age three)	No Member Cost-Sharing
Fitness Program Reimbursement	Up to \$150/Individual, \$300/Family per calendar year
Hearing Aids (age 21 and under)	Covered up to \$2,000 per affected ear every 2 years
Hearing Aids (age 22 and older)	Covered up to \$1,700 every 2 years for both ears
Home Health Care	Subject to deductible
Hospice Care	Subject to deductible
Orthotics	Subject to deductible, then 20% coinsurance
Oxygen Supplies and Therapy	Subject to deductible
Prosthetic Devices	Subject to deductible, then 20% coinsurance
Radiation and Chemotherapy	Subject to deductible
Smoking Cessation (up to 300 minutes of counseling per benefit period, including telephonic counseling)	No Member Cost-Sharing
Wigs (when medically necessary for hair loss due to cancer treatment or other conditions)	Subject to deductible, then 20% coinsurance

**Please note some services and/or equipment may be covered under your prescription drug benefit with CVS Caremark. Lancets, syringes, test strips, and certain glucometers must be obtained through your prescription drug benefit.*

ABOUT YOUR MASS GENERAL BRIGHAM HEALTH PLAN MEMBERSHIP

For questions or concerns about your coverage, call Customer Service at -866-567-9175 (TTY 711), available Monday through Friday, 8:00 a.m.–6:00 p.m. (Thursday 8:00 a.m.–8:00 p.m.)

Benefit Period

The annual cycle in which your health insurance plan operates. The Group Insurance Commission cycle is from July 1st to June 30th with potential benefit changes occurring on July 1st.

Copayments, Coinsurance, or Deductibles Required for Certain Services

Before coverage begins for certain services, you pay a deductible each benefit period. Your Plan deductible is an amount you pay for certain services each benefit period. For some services, before the deductible is satisfied, members may also be required to pay a copayment.

All members are responsible for the individual deductible per benefit period. Family member's deductible payments contribute toward the family deductible per benefit period. The family deductible can be satisfied by combining the deductibles paid for by covered family members. Each family member's contribution will not exceed the amount set for an individual deductible.

All medical, behavioral health, and prescription drug copayments, deductibles and coinsurance amounts paid apply toward the out-of-pocket maximum. Once the individual out-of-pocket maximum is satisfied, these services are covered for the member in full through the remainder of the benefit period. The family out-of-pocket maximum is satisfied by combining the deductible, coinsurance, and copayment amounts paid by covered family members. Once the family out-of-pocket maximum is satisfied, these services are covered for all family members in full through the remainder of the benefit period.

Your Primary Care Provider (PCP)

Your PCP arranges your health care and is the first person you call when you need medical care. Be sure to check with your PCP to find out office hours and whether urgent care is offered.

Mass General Brigham Health Plan requires the designation of a PCP. You have the right to designate any PCP who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the PCP.

For information on how to select a PCP, or a list of the most up-to date provider information, or a list of participating health care professionals who specialize in obstetrics or gynecology, visit [MassGeneralBrighamHealthPlan.org](https://www.massgeneralbrighamhealthplan.org) or call Customer Service.

Preventive Care Services

Mass General Brigham Health Plan covers eligible preventive services for adults, women (including pregnant women) and children, which includes coverage for annual physical exams, immunizations, well child visits and annual gynecological exams. For a complete list of eligible preventive care services, please visit [MassGeneralBrighamHealthPlan.org](https://www.massgeneralbrighamhealthplan.org) or call Customer Service.

Primary Care Provider (PCP) and Obstetrical Rights

You do not need prior authorization from Mass General Brigham Health Plan or from any other person (including a PCP) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. However, the health care professional may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

Urgent Care

If you need urgent care, call your PCP to arrange where you will receive treatment. Examples of conditions requiring urgent care include, but are not limited to, fever, sore throat or an earache.

Emergency Care

In an emergency, go to the nearest emergency room or call 911. If you are admitted to the hospital for inpatient care, you will be responsible to pay Tier 1 member cost sharing. All follow-up care must be arranged by your PCP. If you receive follow-up care in a hospital setting, your member cost sharing will depend on the tier of the hospital that provides that care. Please refer to this Schedule of Benefits for your cost sharing amount.

Referrals

Mass General Brigham Health Plan requires referral for specialist services provided by in-network Providers, except the following: Gynecologist or Obstetrician for routine, preventive or urgent care; Family Planning services; Outpatient and Diversionary Behavioral Health Services; Physical Therapy; Occupational Therapy; Speech Therapy; Routine Eye exam; and Emergency Services.

Utilization Review Program

The Utilization Review standards Mass General Brigham Health Plan uses were created to assure our members consistently receive high quality, appropriate medical care. To determine coverage, specific criteria are used to make Utilization Review decisions. These criteria are developed by physicians and meet the standards of national accreditation organizations. As new treatments and technologies become available, we update our Utilization Management standards annually.

To make utilization decisions the health plan conducts prospective and retrospective reviews of the health care services our members use.

Initial Determination (Prospective Review or Prior Authorization)

Determines in advance if a procedure or treatment either you or your doctor is requesting is both medically appropriate and medically necessary.

Retrospective Review

After care has been provided, we review treatment outcomes to ensure that the health care services provided to you met certain quality standards.

Care Management

When members have a severe or chronic illness or condition, they may qualify for Care Management. Care managers work one-on-one with members and their providers to find the most appropriate and cost-effective ways to manage a condition. Together, a treatment plan that best meets the member's needs is developed with the goal of promoting patient education, self-care, and providing access to the right kinds of health care services and options.

To learn more about Utilization Review or Care Management at Mass General Brigham Health Plan, please refer to your Member Handbook or call Customer Service.

Benefit Exclusions

Services or supplies that Mass General Brigham Health Plan does not cover include: Benefits from other sources; Diet foods; Educational testing and evaluations; Massage therapy; Out-of-network providers; Non-emergency care when traveling outside the U.S. Additional benefit exclusions apply, for a complete list please refer to your GIC Member Handbook.

Prescription Drug Benefits

The GIC's Prescription Drug benefit is administered through CVS Caremark.

PRESCRIPTION DRUGS	
Deductible	\$100 Individual/\$200 Family
With a valid prescription and purchased at a participating pharmacy for up to a 30-day supply	<p>Generic: Subject to prescription deductible, then \$10 copayment</p> <p>Preferred brand-name: Subject to prescription deductible, then \$30 copayment</p> <p>Non-preferred brand-name: Subject to prescription deductible, then \$65 copayment</p>
<p>Specialty Drugs</p> <p>Must be obtained at a designated specialty pharmacy. Some drugs require prior authorization to be covered. Some drugs are subject to quantity limitations. Some specialty drugs may also be covered under your medical benefit.</p>	Limited to a 30-day supply with appropriate tier copayment (see above) when purchased at a designated specialty pharmacy.
90-day supply: With a valid prescription for a 90-day supply of a maintenance medication and purchased through the mail or at a participating pharmacy	<p>Generic: Subject to prescription deductible, then \$25 copayment</p> <p>Preferred brand-name: Subject to prescription deductible, then \$75 copayment</p> <p>Non-preferred brand-name: Subject to prescription deductible, then \$165 copayment</p>

For more information or how to find a Participating Pharmacy:

Go to info.caremark.com/oe/gic or call Customer Service at 1-877-876-7214 (TTY 711)

MASSACHUSETTS REQUIREMENT TO PURCHASE HEALTH INSURANCE:

As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website (www.mahealthconnector.org).

This health plan meets Minimum Creditable Coverage standards that are effective January 1, 2023 as part of the Massachusetts Health Care Reform Law. If you purchase this plan, you will satisfy the statutory requirement that you have health insurance meeting these standards.

This disclosure is for minimum creditable coverage standards that are effective January 1, 2023. Because these standards may change, review your health plan material each year to determine whether your plan meets the latest standards.

If you have questions about this notice, you may contact the Division of Insurance by calling 617-521-7794 or visiting its website at www.mass.gov/doi.



This plan is administered by Mass General Brigham Health Insurance Company which processes claims for payment but does not assume financial risk for claims.